

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service 09/04/01?
b. The request was received on 06/05/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60
 - b. HCFA
 - c. EOBs
 - d. Letter of Medical Necessity
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per TWCC Rule 133.307 (g)(3), the Commission faxed a request for **two copies of additional documentation relevant to this fee dispute**, the Requestor did not respond to this request. Therefore, the Commission could not forward any documentation to the Respondent per Commission Rule 133.307 (g)(4). The Respondent has not submitted any response to the dispute. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
4. Fax confirmation of the Commission's request for additional documentation is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: No position statement submitted
2. Respondent: No response submitted

IV. FINDINGS

1. Based on Commission Rule 133.307 (d)(1&2), the only date of service eligible for review is 09/04/01.
2. The carrier's EOB has the denial, "F – FEE GUIDELINE." * - The carrier's response to the reconsideration request has hand written "Disallowed: included in visit/procedure rendered on this day."

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
09/04/01	76000-WP	\$150.00	\$0.00	F, *	\$110.00	Texas Workers' Compensation Act & Rules, Rule 133.304 (c); MFG, SGR (I)(A) & (II), CPT descriptor; TWCC Advisory 97-01; Global Service Data for Orthopaedic Surgery, 1994	<p>Per the Medical Fee Guideline (MFG), the Maximum Allowable Reimbursement (MAR) for the disputed service is \$110.00. The carrier's denial of "F" and its explanation do not provide enough information to allow the Requestor to respond and does not comply with Rule 133.304 (c).</p> <p>Commission Rule 133.304 (c) requires the EOB to "provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)."</p> <p>The carrier's response to the request for reconsideration raises the issue of the service in dispute being global to another performed procedure. The provider also billed for CPT code 23350. Per the MFG this code is not a starred "*" procedure and is subject to the global fee concept. Per the Global Service Data for Orthopaedic Surgery, 1994, the service in dispute is part of the global service package. The TWCC Advisory 97-01 provides reimbursement only when the injection procedure is not subject to the global fee concept. Therefore, no reimbursement is recommended.</p>
Totals		\$150.00	\$0.00				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 5th day of November 2002.

Larry Beckham
 Medical Dispute Resolution Officer
 Medical Review Division